

PTO/SB/07 (08-03)

Approved for use through 07/31/2008, OMB 0651-0031

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Patricia A. Verlangieri

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certificate must identify each submitted paper.

Serial No.: 10/567,719

Docket No.: PU030251

Examiner: Albert Kang Wong

Transmittal Form (2 Copies - 2 Pages)

Fee Transmittal Form (2 Copies - 2 Pages)

Notice of Appeal (2 Copies - 2 Pages)

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/587,719
	Filing Date	February 8, 2006
	First Named Inventor	John Dan Mabry
	Art Unit	2612
	Examiner Name	Albert Kang Wong
Total Number of Pages in This Submission	Attorney Docket Number	PU030251

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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Thomson Licensing		
Signature	<i>Patricia A. Verlangieri</i>		
Printed name	Patricia A. Verlangieri		
Date	April 21, 2009	Reg. No.	42,201

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Signature	<i>Patricia A. Verlangieri</i>		
Typed or printed name	Patricia A. Verlangieri	Date	April 21, 2009

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/587,719
	Filing Date	February 8, 2008
	First Named Inventor	John Dan Mabry
	Art Unit	2612
	Examiner Name	Albert Kang Wong
Total Number of Pages in This Submission	Attorney Docket Number	PU030251

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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Thomson Licensing		
Signature	<i>Patricia A. Verlangeri</i>		
Printed name	Patricia A. Verlangeri		
Date	April 21, 2009	Reg. No.	42,201

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Typed or printed name	Patricia A. Verlangeri	Date	April 21, 2009

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 540

Complete If Known

Application Number 10/587,719
Filing Date February 6, 2006
First Named Inventor John Dan Mabry
Examiner Name Albert Kang Wong
Art Unit 2612
Attorney Docket No. PU030251

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APR 21 2009

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None
Order

☒ Deposit Account:

Deposit
Account
Number

07-0832

Deposit
Account
Name

THOMSON LICENSING INC., Customer No. 24498

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	790	2001	385	Utility filing fee	
1002	350	2002	170	Design filing fee	
1003	550	2003	265	Plant filing fee	
1004	790	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$) 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims - " = Extra Claims X Fee from below = Fee Paid
Independent Claims - " = X =
Multiple Dependent X =

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	88	2201	43	Independent claims in excess of 3
1203	300	2203	145	Multiple dependent claim, if not paid
1204	88	2204	43	Reissue independent claims over original patent
1205	18	2205	9	Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 0

*or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	430	2252	210	Extension for reply within second month	
1253	980	2253	475	Extension for reply within third month	
1254	1,530	2254	740	Extension for reply within fourth month	
1255	2,080	2255	1,005	Extension for reply within fifth month	
1401	340	2401	165	Notice of Appeal	540
1402	340	2402	165	Filing a brief in support of an appeal	
1403	300	2403	145	Request for oral hearing	
1481	1,510	1451	1,510	Petition to institute a public use proceeding	
1482	110	2452	55	Petition to revive - unvoluntary	
1463	1,370	2453	665	Petition to revive - unintentional	
1501	1,370	2501	665	Utility issue fee (or reissue)	
1502	490	2502	240	Design issue fee	
1503	690	2503	320	Plant issue fee	
1480	130	1480	130	Petitions to the Director	
1807	50	1807	50	Processing fee under 37 CFR 1.17 (a)	
1808	180	1808	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	780	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	790	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 540

SUBMITTED BY

Name (Print/Type)	Patricia A. Verangeli	Registration No. (Attorney/Agent)	42,201	Telephone	(609) 734-6867
Signature	<i>Patricia A. Verangeli</i>			Date	April 21, 2009

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**FEE TRANSMITTAL
for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** 540**Complete if Known**

Application Number	10/567,719
Filing Date	February 8, 2006
First Named Inventor	John Dan Mabry
Examiner Name	Albert Kang Wong
Art Unit	2812
Attorney Docket No.	PU030251

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Account
Number

07-0832

Deposit
Account
Name

THOMSON LICENSING INC., Customer No. 24498

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments
☐ Charge any additional fee(s) during the pendency of this application
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Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
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1002	350	2002	170	Design filing fee	
1003	550	2003	285	Plant filing fee	
1004	790	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1)

(\$) 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	0	0	0
Multiple Dependent	0	0	0

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	88	2201	43	Independent claims in excess of 3
1203	300	2203	145	Multiple dependent claim, if not paid
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3. ADDITIONAL FEES

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Fee Code	Fee (\$)	Fee Code	Fee (\$)		
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1452	110	2452	55	Petition to revive - unavoidable	
1453	1,370	2453	685	Petition to revive - unintentional	
1501	1,370	2501	685	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	880	2503	320	Plant issue fee	
1460	130	2460	130	Petitions to the Director	
1807	50	2807	50	Processing fee under 37 CFR 1.17 (q)	
1808	180	2808	180	Submission of Information Disclosure Stmt	
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Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$) 540

SUBMITTED BY

Name (Print/Type)

Patricia A. Verlangieri

Registration No.
(Attorney/Agent)

42,201

Telephone

(808) 734-6887

Signature

Patricia A. Verlangieri

Date

April 21, 2009

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